

**TRAVEL EXPENSE CLAIM**

STD 262-A 6-93

Page 1 of 1 Pages

CLAIMANT'S NAME <b>Stephen M. Hardy</b>			SOCIAL SECURITY NUMBER* <b>On-file</b>			DEPARTMENT <b>Alcoholic Beverage Control</b>		
POSITION <b>Director</b>		CB/ID NUMBER	DIVISION OR BUREAU <b>Headquarters</b>				INDEX NUMBER <b>5000</b>	
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS (DISTRICT OFFICE) <b>3927 Lennane Drive, Ste. 100</b>				TELEPHONE NUMBER <b>916-419-2513</b>	
CITY <b>CA</b>		STATE <b>CA</b>	ZIP CODE		CITY <b>Sacramento</b>		STATE <b>CA</b>	
							ZIP CODE <b>95834</b>	

(1)MONTH/YEAR		(3)  LOCATION  WHERE EXPENSES WERE INCURRED	(4)  LODGING	(5) MEALS			(6)  INCIDENTALS	(7)TRANSPORTATION					(8)  BUSINESS EXPENSE	(9)  TOTAL EXPENSES FOR DAY
OCT. 2009				BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A)  COST OF TRANS.	(B)  TYPE USED	(C)  CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
DATE	TIME	MILES	AMOUNT											
10/21	1545 1758	SACTO							12.25		0.00		12.25	
NOV.	2009										0.00		0.00	
11/12	1153 1356	SACTO							17.50		0.00		17.50	
DEC.	2009										0.00		0.00	
											0.00		0.00	
12/09	1543 1801	SACTO							12.25		0.00		12.25	
12/17	0600	SACTO TO ORANGE	115.24	6.00	10.00	18.00					0.00		149.24	
12/18	1155	ONTARIO TO SACTO		6.00			6.00			30.00		0.00	42.00	
											0.00		0.00	
JAN.	2010										0.00		0.00	
01/08	1935	SAN FRANCISCO							4.00		0.00		4.00	
01/09	0402	SAN FRANCISCO							4.00		0.00		4.00	
											0.00		0.00	
											0.00		0.00	
(10) SUBTOTALS			115.24	12.00	10.00	18.00	6.00	0.00		80.00	0	0.00	241.24	
CLAIM TOTAL												\$241.24		

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

10/21/09-Director's Meeting at BTH; 11/12/09-Mtg. w/SF Supervisor Duffy; 12/09/09-Director's Meeting at BTH;  
12/17-18/09-So. Division Staff Meeting and Office Visit; 01/08-09/2010-Ride Along w/Sen. Yee

(12) NORMAL WORK HOURS		INDEX	OBJ	AO	PCA	AMOUNT	INDEX	OBJ	AO	PCA	AMOUNT	SUB TOTALS
<b>0800-1500</b>												0.00
(13) PRIVATE VEHICLE LICENSE No.												0.00
(14) MILEAGE RATE CLAIMED												0.00
<b>0.500</b>												0.00
AGENCY ACCOUNTING												0.00
OFFICE USE ONLY												0.00
PAID BY REV. FUND CHECK No.												0.00
TOTALS							TOTALS				0.00	0.00

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16.) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
(17.) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)		DATE	